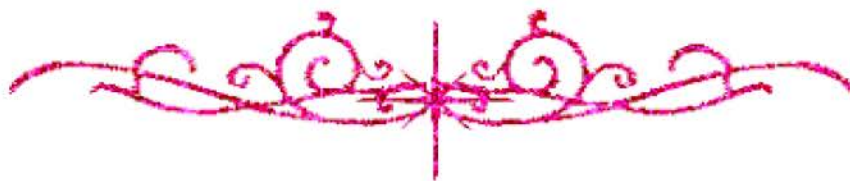


بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

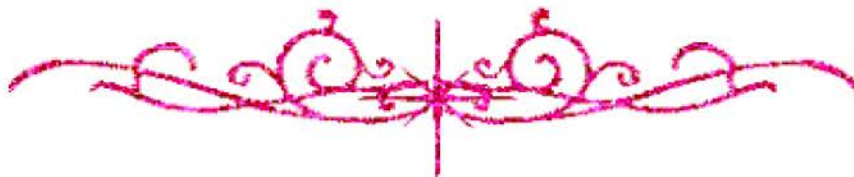
قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



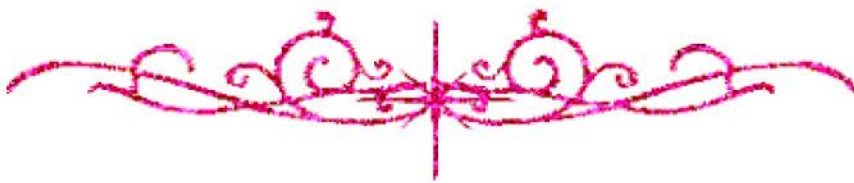
يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



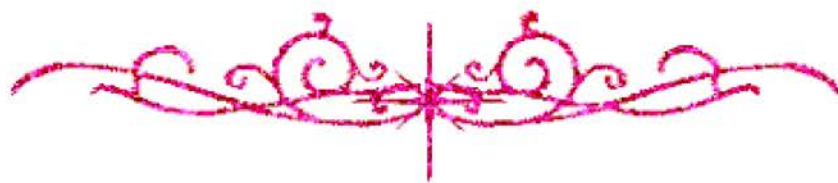


بعض الوثائق الأصلية تالفة





بالرسالة صفحات
لم ترد بالأصل



SIGNIFICANCE OF SERUM NITRIC OXIDE IN CRITICALLY ILL SEPTIC PATIENTS

Thesis
Submitted For Partial Fulfillment Of
M.D. Degree
In
Anaesthesiology

68985

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H. R.

Prof. Dr. Mohamed Abd EL-Khalek Mohamed
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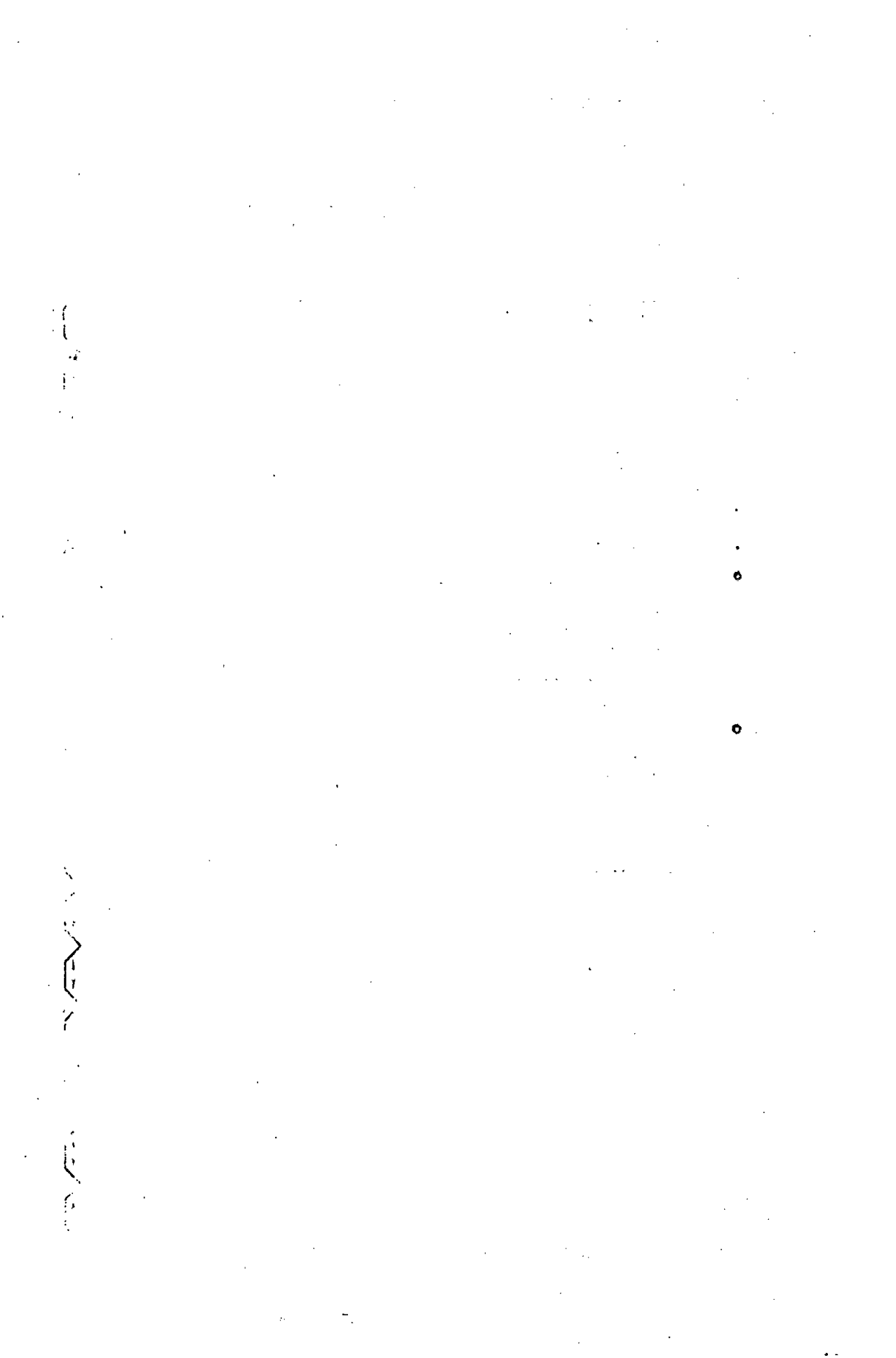
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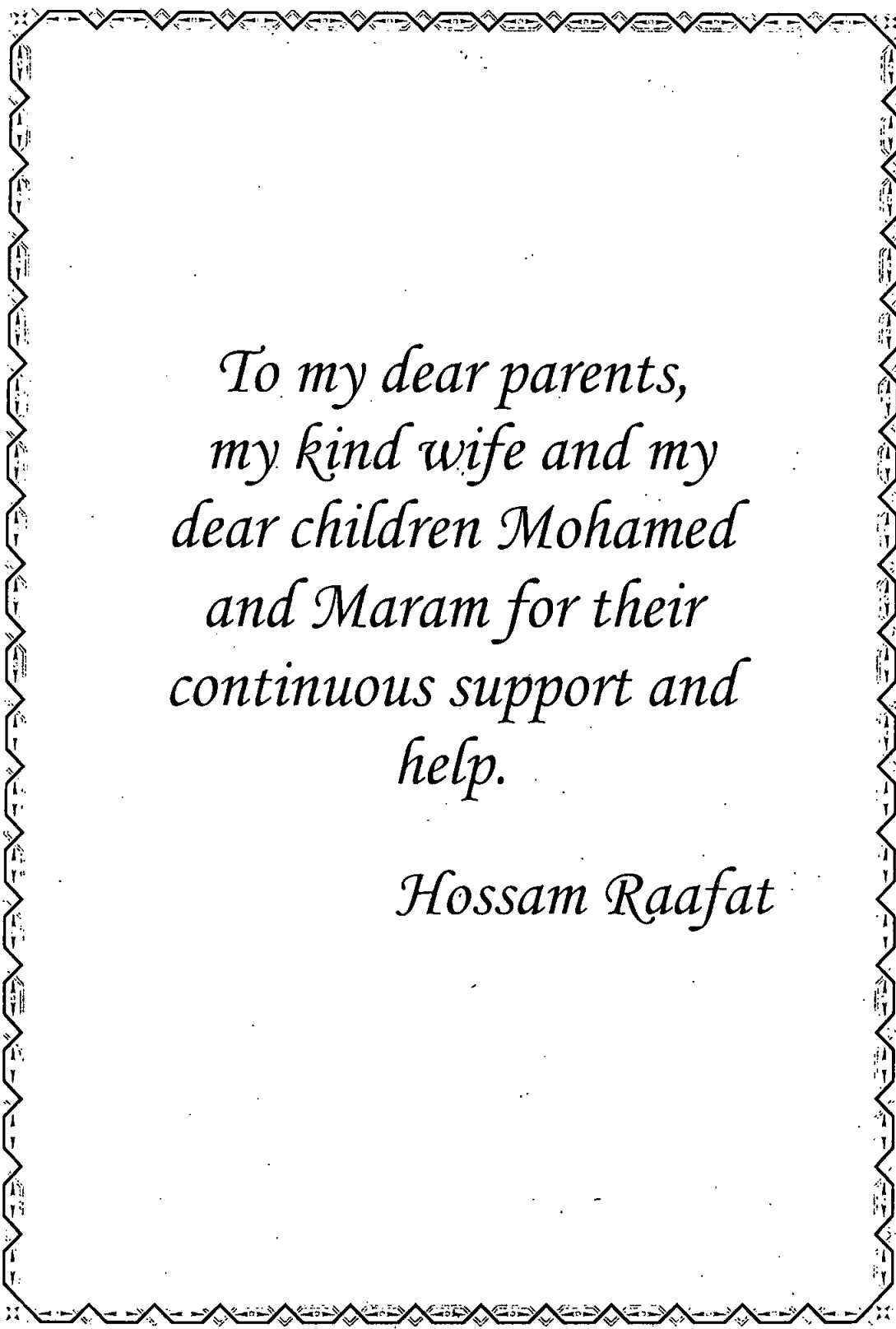
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الملخص العربي



*To my dear parents,
my kind wife and my
dear children Mohamed
and Maram for their
continuous support and
help.*

Hossam Raafat

Acknowledgment

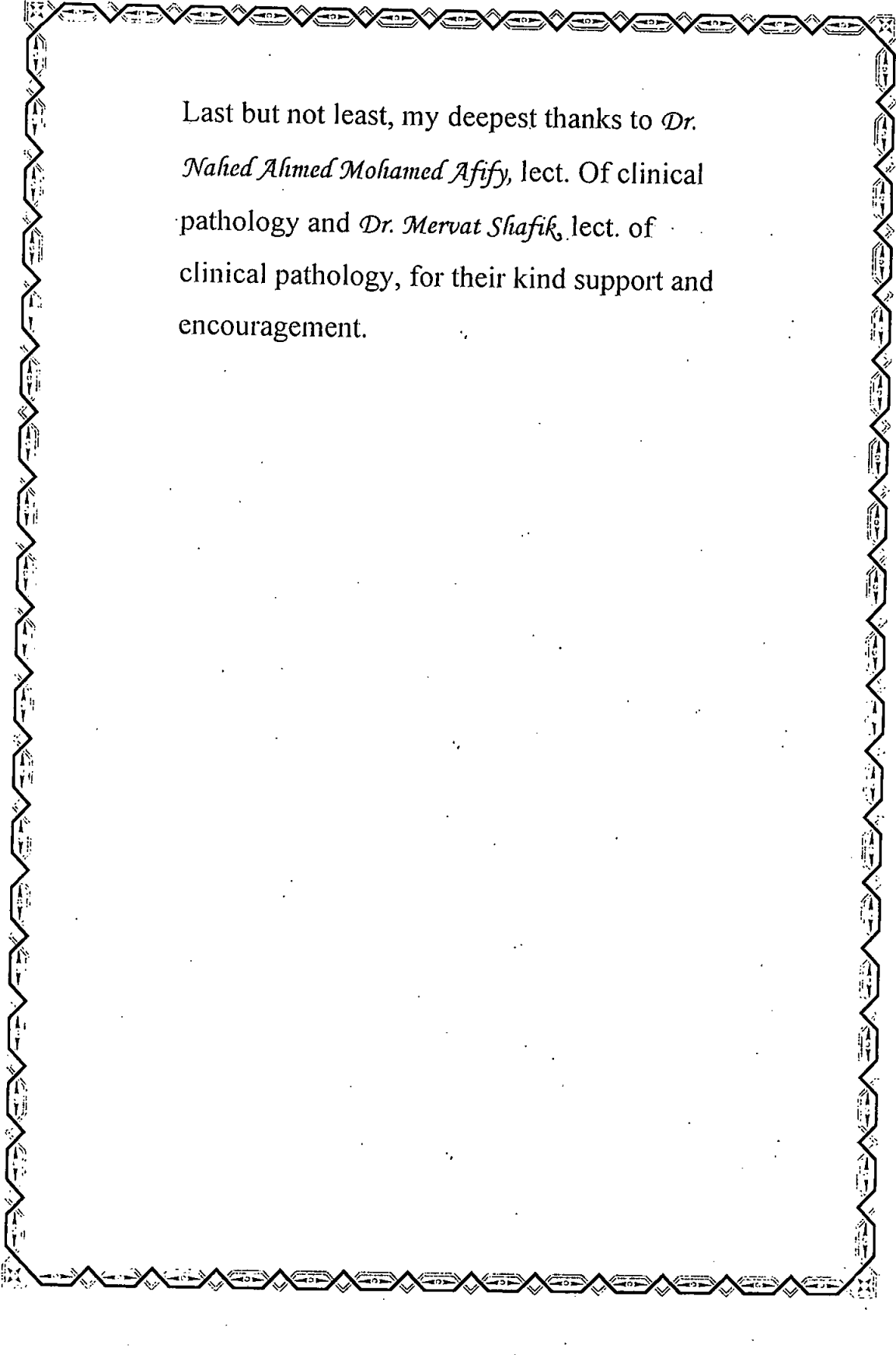
First and above all, thanks to Allah, the merciful, and the compassionate.

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INTRODUCTION

Introduction

Sepsis, septic shock, and the adverse sequel of the systemic inflammatory response to infection are now the 13th most common causes of death in the United States and are among the most common causes of death in the non-coronary intensive care unit. (*Vincent 1997*)

It is estimated that there are approximately 500,000 episodes of sepsis each year in the United States; these figures appear to be on the rise. (*Bone, et al 1997*)

It is important to appreciate that this increase in the sepsis related mortality rate has occurred despite recent advances in our knowledge concerning the complex pathophysiology of sepsis and the tremendous improvements in the ability to monitor and provide technologic supports and treatment for the critically ill patients in today's intensive care units. (*Bone, 1996*)

Cases of severe sepsis are expected to rise in the future due to the increased awareness and sensitivity for the diagnosis, number of immuno-compromised patients, use of intensive procedures, number of resistant micro-organisms, and the growth of the elderly population. (*Balk, 2000*)

Patients with severe sepsis typically have a triad systemic inflammation, a prothrombotic diathesis and impaired fibrinolysis.